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COMPANY:	US PATENT OFFICE	DATE:	10/28/2004
FAX NUMBER:	703 872 9306	TOTAL NO. OF PAGES INCLUDING COVER:	55
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NOTES/COMMENTS:

Attached is the Applicants Response to Office Action dated 10/1/2004 (47 pages)

Exhibit 2 - Cover sheet and Figures (1 page and 4 sheets)

This Cover sheet (1 page)

Certificate of Transmission Under 37 CFR 1.8 (1 page)

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MARY A. WHITING, ESQ.

Typed or printed name of person signing Certificate
ATTORNEY FOR APPLICANTS30,601

Registration Number, if applicable

718-448-9599

Telephone Number

TRANSMITTAL FORM PTO/SB/21(09-04) 1 page
Cover Sheet FAX (1 page)

Amendment Response to Office Action with Exhibit 1 (47 pages)

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Exhibit 2 (1 page + 4 sheets DRAWINGS).
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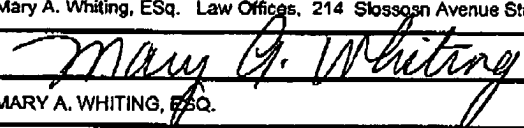
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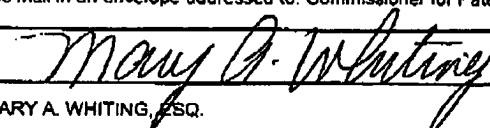
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/666,934	
	Filing Date	1/30/2002	
	First Named Inventor	Robert Pederson	
	Art Unit	1734	
	Examiner Name	Cheryl N. Hawkins	
Total Number of Pages in This Submission	55	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile, Fax Cover sheet
Remarks Exhibit 1 is clean copy of Specification and Claims, Previously Submitted Drawings are Exhibit 2		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Mary A. Whiting, ESq. Law Offices, 214 Slosson Avenue Staten Island, New York 10314		
Signature			
Printed name	MARY A. WHITING, ESQ.		
Date	10/28/2004	Reg. No.	30,601

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